

STATE OF NEBRASKA
DEPARTMENT OF NATURAL RESOURCES
 APPLICATION FOR APPROVAL OF PLANS FOR DAMS

INSTRUCTIONS	For Department Use Only								
Complete Items 1 through 9 by typing or printing in ink the requested information. An incomplete or defective application will be returned.	Filed in the office of the Department of Natural Resources at <u>3:35</u> a.m./p.m. on <u>April 8</u> , 20 <u>08</u> .								
Submit this application, non-refundable fee payment, and the engineering drawings and specifications prepared in accordance with Department Rules Title 457 to the address shown at the bottom of this form.	<table border="1"> <tr> <td>Water Division</td> <td>1-A</td> </tr> <tr> <td>Plan No.</td> <td>P-17210</td> </tr> <tr> <td>Receipt No.</td> <td>A-2226</td> </tr> <tr> <td>Amount \$</td> <td>10.00</td> </tr> </table>	Water Division	1-A	Plan No.	P-17210	Receipt No.	A-2226	Amount \$	10.00
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Plan No.	P-17210								
Receipt No.	A-2226								
Amount \$	10.00								
Fees include an application fee of \$10.	Plan Approval Form.xls 8/5/2004								

1. Name and address of applicant: <u>Matt Thomas</u> <u>79696 Hwy 21</u> <u>Broken Bow, Nebraska</u> Zip code <u>68822-0000</u> Phone No. <u>(308) 872-2020</u>	2. Name and address of owner(s) if different than applicant: Zip code _____ Phone No. _____
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3. Responsibility for operation and maintenance: (check one)

Applicant Owner(s) Other (provide name, address and phone number)

 Zip code _____ Phone No. _____

4. State the purpose for the water storage (i.e., flood and/or erosion control, livestock water, irrigation, livestock waste, etc.):

Livestock Waste Control Facility

5. Source of water (name of stream): <u>NA</u>	6. Name of proposed / existing dam: <small>(circle one)</small> <u>Waste Control Lagoon</u>
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7. Location of the proposed / existing dam:

(circle one) County _____

 1/4 SW 1/4 Section 27 Township 11 North, Range 20 East West

8. Approximate date construction will be completed:

Fall 2008

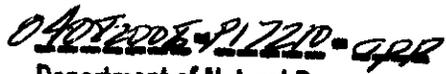
9. I certify that I am familiar with the information contained in this application, and that to the best of my knowledge and belief such information is true, complete and accurate.

4-1-08
 Date


 Signature of owner or owner's authorized agent

Forward this application, the appropriate fees (payable to the Department of Natural Resources) and the engineering drawings and specifications to:

State of Nebraska
 Department of Natural Resources
 301 Centennial Mall South, P.O. Box 94676
 Lincoln, Nebraska 68509-4676
 (402) 471-2363


 Department of Natural Resources